

DEDUCTIONS FOR CERTIFICATED & CERTIFICATED MANAGEMENT							
EMPLOYEES FOR 2024 - 2025 OPEN ENROLLMENT							
	10 HRS/WK	12 HRS/WK	15 HRS/WK	18 HRS/WK	20 HRS/WK	25 HRS/WK	30 HRS/WK
MEDICAL							
HEALTH NET HMO							
MONTHLY DEDUCTIONS	10 HRS/WK	12 HRS/WK	15 HRS/WK	18 HRS/WK	20 HRS/WK	25 HRS/WK	30 HRS/WK
EE ONLY	\$427.31	\$382.67	\$318.90	\$255.11	\$210.47	\$108.42	\$0.00
EE + 1	\$918.70	\$822.71	\$685.60	\$548.48	\$452.49	\$233.10	\$0.00
EE + FAMILY	\$1,260.56	\$1,128.86	\$940.72	\$752.57	\$620.87	\$319.84	\$0.00
11 MONTH DEDUCTIONS							
EE ONLY	\$466.16	\$417.46	\$347.89	\$278.30	\$229.60	\$118.28	\$0.00
EE + 1	\$1,002.22	\$897.51	\$747.93	\$598.34	\$493.63	\$254.29	\$0.00
EE + FAMILY	\$1,375.15	\$1,231.48	\$1,026.24	\$820.99	\$677.31	\$348.92	\$0.00
KAISER HMO							
MONTHLY DEDUCTIONS							
EE ONLY	\$625.53	\$580.89	\$517.12	\$453.33	\$408.69	\$306.64	\$198.22
EE + 1	\$1,197.51	\$1,101.52	\$964.41	\$827.29	\$731.30	\$511.91	\$278.81
EE + FAMILY	\$1,705.13	\$1,573.43	\$1,385.29	\$1,197.14	\$1,065.44	\$764.41	\$444.57
11 MONTH DEDUCTIONS							
EE ONLY	\$682.40	\$633.70	\$564.13	\$494.54	\$445.84	\$334.52	\$216.24
EE+1	\$1,306.37	\$1,201.66	\$1,052.08	\$902.49	\$797.78	\$558.45	\$304.16
EE + FAMILY	\$1,860.14	\$1,716.47	\$1,511.23	\$1,305.97	\$1,162.30	\$833.91	\$484.99
HEALTH NET PPO							
MONTHLY DEDUCTIONS	10 HRS/WK	12 HRS/WK	15 HRS/WK	18 HRS/WK	20 HRS/WK	25 HRS/WK	30 HRS/WK
EE ONLY	\$944.46	\$899.82	\$836.05	\$772.26	\$727.62	\$625.57	\$517.15
EE + 1	\$2,030.58	\$1,934.59	\$1,797.48	\$1,660.36	\$1,564.37	\$1,344.98	\$1,111.88
EE + FAMILY	\$2,786.11	\$2,654.41	\$2,466.27	\$2,278.12	\$2,146.42	\$1,845.39	\$1,525.55
11 MONTH DEDUCTIONS							
EE ONLY	\$1,030.32	\$981.62	\$912.05	\$842.47	\$793.76	\$682.44	\$564.16
EE + 1	\$2,215.18	\$2,110.47	\$1,960.89	\$1,811.30	\$1,706.59	\$1,467.25	\$1,212.96
EE + FAMILY	\$3,039.39	\$2,895.72	\$2,690.48	\$2,485.22	\$2,341.55	\$2,013.16	\$1,664.24
DENTAL							
DELTA PPO DENTAL							
MONTHLY DEDUCTIONS	\$73.74	\$66.04	\$55.03	\$44.02	\$36.32	\$18.71	\$0.00
11 MONTH DEDUCTIONS	\$80.44	\$72.04	\$60.03	\$48.03	\$39.62	\$20.41	\$0.00
DELTACARE (HMO) DENTAL							
MONTHLY DEDUCTIONS	\$30.46	\$27.28	\$22.73	\$18.18	\$15.00	\$7.73	\$0.00
11 MONTH DEDUCTIONS	\$33.23	\$29.76	\$24.80	\$19.84	\$16.37	\$8.43	\$0.00
METLIFE (HMO) DENTAL							
MONTHLY DEDUCTIONS	\$33.18	\$29.71	\$24.76	\$19.81	\$16.34	\$8.42	\$0.00
11 MONTH DEDUCTIONS	\$36.19	\$32.41	\$27.01	\$21.61	\$17.83	\$9.18	\$0.00
VISION							
VSP							
MONTHLY DEDUCTIONS							
EE ONLY	\$4.09	\$3.66	\$3.05	\$2.44	\$2.01	\$1.04	\$0.00
EE + 1	\$5.91	\$5.29	\$4.41	\$3.53	\$2.91	\$1.50	\$0.00
EE + FAMILY	\$10.59	\$9.48	\$7.91	\$6.32	\$5.21	\$2.69	\$0.00
11 MONTH DEDUCTIONS							
EE ONLY	\$4.46	\$3.99	\$3.33	\$2.66	\$2.20	\$1.13	\$0.00
EE + 1	\$6.45	\$5.77	\$4.81	\$3.85	\$3.18	\$1.64	\$0.00
EE + FAMILY	\$11.55	\$10.34	\$8.62	\$6.89	\$5.69	\$2.93	\$0.00
LIFE INSURANCE							
VOYA - CERTIFICATED							
MONTHLY DEDUCTIONS	\$5.19	\$4.65	\$3.88	\$3.10	\$2.56	\$1.32	\$0.00
11 MONTH DEDUCTIONS	\$5.66	\$5.07	\$4.23	\$3.38	\$2.79	\$1.44	\$0.00
VOYA - MANAGEMENT							
MONTHLY DEDUCTIONS	\$10.96	\$9.82	\$8.19	\$6.54	\$5.40	\$2.78	\$0.00
11 MONTH DEDUCTIONS	\$11.96	\$10.71	\$8.93	\$7.14	\$5.89	\$3.03	\$0.00